

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 574400

FILING DATE

9/20/05

APPLICANT(S)

3-13-07 CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | 1 | | 3 | |
| TOTAL DEP. | | ◀ | 6 | ◀ | 11 | ◀ |
| TOTAL CLAIMS | | | 7 | | 14 | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | ◀ | | |
| TOTAL DEP. | | ◀ | 6 | ◀ | 11 | ◀ |
| TOTAL CLAIMS | | | 7 | | 14 | |